Mississippi EMS
The Law, Rules and Regulations

Summary of Changes
Adopted by the Board of Health
July 13, 2005

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Bureau of Emergency Medical Services
Office of Emergency Planning and Response
Mississippi Department of Health
P.O. Box 1700
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Changes can be identified by color and font:

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Medical First Responder

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5.2 Removes sections of EMT-Basic curriculum relating to oxygen and AED and adds requirement of Healthcare Provider CPR with AED.
5.4 Specifies minimum or 40 hours training on the content of the DOT National Standard Curriculum
Removes sections of EMT-Basic NSC for oxygen and AED
Requires Healthcare Provider CPR with AED
5.7 Removes oxygen and AED practical exams
5.9 Remove oxygen and AED from refresher curriculum
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5.11 Require National Registry certification at a minimum level of First Responder
Remove reference to EMT-Basic NSC

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5.16 Remove items from EMT-Basic NSC relating to oxygen and AED
5.17 Remove items from EMT-Basic NSC relating to oxygen and AED

Course Request/Approval

Section 5 – Medical First Responder

5.5 Change initial course request from 14 to 30 days
5.9 Adds BEMS approval of refresher courses

Section 6 – EMS Driver

6.5 Change course request to minimum14, preferably 30 days

Section 7 – EMT-Basic

7.5 Change initial course request from 14 to 30 days
7.9 Adds BEMS approval of refresher courses

Section 8 – EMT-Advanced

8.5 Change initial course request from 14 to 30 days
8.9 Adds BEMS approval of refresher courses

Section 1 – Ambulance Service Licensure

1.1 License, Permit

The Law §41-59-9; §41-59-11; §41-59-13.

§41-59-9. License and permit required.
From and after October 1, 1974, no person, firm, corporation, association, county, municipality, or metropolitan government or agency, either as owner, agent or otherwise, shall hereafter furnish, operate, conduct, maintain, advertise or otherwise engage in the business of service of transporting patients upon the streets, highways or airways of Mississippi unless he holds a currently valid license and permit, for each ambulance, issued by the board.
SOURCES: Laws, 1974, ch. 507, § 5(1), eff from and after passage (approved April 3, 1974).

§41-59-11. Application for license.
Application for license shall be made to the board by private firms or nonfederal governmental agencies. The application shall be made upon forms in accordance with procedures established by the board and shall contain the following:
(a) The name and address of the owner of the ambulance service or proposed ambulance service;
(b) The name in which the applicant is doing business or proposes to do business;
(c) A description of each ambulance including the make, model, year of manufacturer, motor and chassis numbers, color scheme, insignia, name, monogram, or other distinguishing characteristics to be used to designate applicant's ambulance;
(d) The location and description of the place or places from which the ambulance service is intended to operate; and
(e) Such other information as the board shall deem necessary.
Each application for a license shall be accompanied by a license fee to be fixed by the board, which shall be paid to the board
SOURCES: Laws, 1974, ch. 507, § 5(2); 1979, ch. 445, § 1; 1982, ch. 345, § 1; 1991, ch. 606, § 3, eff from and after July 1, 1991.

§41-59-13. Issuance of license.
The board shall issue a license which shall be valid for a period of one (1) year when it determines that all the requirements of this chapter have been met.
SOURCES: Laws, 1974, ch. 507, § 5(3), eff from and after passage (approved April 3, 1974).

The Bureau of Emergency Medical Services (BEMS) licenses ambulance services by location and issues permits for each vehicle operated at the location licensed. Individual problems regarding licensure that arise are dealt with by the BEMS. If locations are used to intermittently station ambulance employees and vehicles, and do not serve as points of contact for public business or for deployment control/dispatch centers, licenses

for those locations are not required. Ambulance service areas that extend through multiple and/or adjacent counties require an ambulance service license for each county within that area. In these instances, licensure is required though there may not be a fixed identifiable location in each county. BEMS may, at its discretion, allow for exceptions, i.e. when an ambulance service from a single control point provides coverage for only portions of counties that are adjacent, only one license is required.

1.1.1. A provider of ambulance service can be licensed by the Bureau of Emergency Medical Services as an ambulance service by request and by signing a completed application for service license (EMS Form 1). An inspection of premises must be made. A member of the BEMS staff will complete the EMS Form 1 due to the coding requirements of the form.

1.1.2. If it is determined that the provider meets all requirements, the BEMS staff member has the authority to grant a license at the time of inspection. The owner copy of EMS Form 1 shall serve as proof of service license until permanent document is received by owner. The license is valid for one (1) year from date of issuance. Any change of service ownership constitutes issuance of a new license and permit(s).

1.1.3. Applicants for ambulance service license must provide a roster of all employees including Medical First Responders, EMTs, EMS-Ds, dispatchers, RNs, and others if appropriate. This list must include state-issued certification and/or license numbers where applicable.

1.1.4. Applicant must submit one copy of the plan of medical control at least 30 days prior to service start date ***for approval by the BEMS staff and the State EMS Medical Director.*** The plan must include the patient destination criteria and treatment protocols for the trauma patient as delineated by the State Trauma Plan. Plan must include the names of all off-line and on-line medical directors accompanied by credentials, proof of Mississippi physician licensure and controlled substances registration number***. The Ambulance Service Medical Director must be approved by the State EMS Medical Director.*** In addition, controlled substances registration number and DEA required controlled substances registration certificate for non-hospital based paramedic services for the off-line medical director. Only the lead on-line medical director or each medical control hospital need be listed. Additionally the primary resource hospital and associate receiving hospital(s); description of methods of medical control; quality assurance and skill maintenance process must be included (See Appendix 1).

NOTE: Revisions in the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to BEMS every three (3) years ***for approval by the BEMS staff and the State EMS Medical Director.***

1.1.5. Applicant must provide a letter signed by the off-line medical director stating he/she approves the ambulance provider's protocols and understands his/her responsibilities as stated in Appendix 1 of this document. This statement may be on forms provided by BEMS.

1.1.6. Applicant must provide evidence of 24-hour continuous service capabilities including back-up. Should also include staffing pattern and affiliations with non-transporting ALS services where applicable.

1.1.7. Applicant must provide a description of its communications capabilities, however - minimally - the system must be capable of communicating with the primary resource hospital throughout its immediate area of response.*

1.1.8 911 is the universal emergency phone number for public access of Emergency Medical Services in the State. Ambulance service providers shall only advertise 911 as their emergency number. Exception: If a municipality or county has not implemented 911, then for that area, a seven-digit phone number may be used. This exception must have prior approval in writing by the BEMS. It is the intent of this regulation that 911, the universal access number for EMS, be the only emergency number advertised to the public. Any advertisement of a non-emergency phone number must include a prominent display of 911 or other BEMS approved emergency phone number.

*(Bio-medical telemetry is not required if so documented in the communications plan by the medical director).

NOTE: Ambulance services shall submit Mississippi Uniform Accident Reports involving EMS permitted vehicles with license renewals

1.3 License Suspension, Revocation, Renewal

•The Law §41-59-17.

§41-59-17. Suspension or revocation of license; renewal.

(1) The board is hereby authorized to suspend or revoke a license whenever it determines that the holder no longer meets the requirements prescribed for operating an ambulance service.

(2) A license issued under this chapter may be renewed upon payment of a renewal fee to be fixed by the board, which shall be paid to the board. Renewal of any license issued under the provisions of this chapter shall require conformance with all the requirements of this chapter as upon original licensing.

SOURCES: Laws, 1974, ch. 507, § 5(5, 6); 1979, ch. 445, § 2; 1982, ch. 345, § 2; 1991, ch. 606, § 4, eff from and after July 1, 1991.

1.3.1. No employer shall employ or permit any employee to perform any services for which a license/certificate or other authorization (as required by this act or by the rules and regulations promulgated pursuant to this act) unless and until the person possesses all the licenses, certificates or authorization that are so required.

1.3.2. No owner of a publicly or privately owned ambulance service shall permit the operation of the ambulance in emergency service unless the attendant on duty therein possesses evidence of that specialized training as is necessary to insure that the attendant or operator is competent to care for the sick or injured persons, according to their degree of illness or injury, who may be transported by the ambulance, as set forth in the emergency medical training and education standards for emergency medical service personnel established by the State Department of Health, Bureau of EMS.

1.3.3. The owner/manager or medical director of each publicly or privately owned ambulance service shall immediately inform the State Department of Health, Bureau of EMS of the termination or other disciplinary action taken against an employee because of the misuse of alcohol, narcotics, ~~or~~ other controlled substances***, or any failure to comply with an employer's request for testing.***

1.3.4. Other common grounds for suspension or revocation are for example, but not limited to:

1.3.4.1. Lack of State certified EMT attending patient.
1.3.4.2. Lack of driver with valid driver's license and state EMS driver certification.
1.3.4.3. Lack of proper equipment required by law.
1.3.4.4. Not adhering to sanitation of vehicle and equipment requirements.
1.3.4.5. Failure to adhere to record keeping or reporting requirements required by BEMS.
1.3.4.6. Failure to maintain proper insurance required by law.

1.3.5. A license can be temporarily suspended or revoked by any staff member of the BEMS at time of violation, and will be followed up by a letter of temporary suspension or revocation. This letter will be certified, return receipt requested. This action may be taken with just cause in an effort to protect the public. Within five days from the time of temporary suspension or revocation, BEMS may extend the suspension, reinstate or revoke the license.

•Other Information

The right to appeal process is discussed in section 41-59-49.

1.7 Vehicle Standards

1.7.1.9.3.

~~**Drugs** (pre-load when available)~~
~~Drugs used on EMT-P units should be compatible with the minimum standards set by the Department of Transportation.~~

~~The following drugs are required:~~

~~50% Dextrose~~	~~Atropine~~
~~Bronchodilator~~	~~Calcium Chloride~~
~~Diphenhydramine~~	~~Dopamine~~
~~Epinephrine~~	~~Furosemide~~
~~Lidocaine~~	~~Naloxone~~
~~Nitroglycerine (spray or tablets)~~	~~Sodium Bicarbonate~~
~~Syrup of Ipecac~~	

~~The following drugs are optional:~~

~~Adenosine (Adenocard)~~	~~Antiemetics~~	~~Aspirin~~
~~Bretylium~~	~~Cetacaine~~	~~Demerol~~
~~Dexamethasone~~	~~Diazepam~~	~~Dobutamine~~
~~Flumazenil (Mazicon)~~	~~Glucagon~~	~~Haldol~~
~~Isorpoterenol~~	~~Levophed~~	~~Lorazepam (Ativan)~~
~~Magnesium sulfate~~	~~Mannitol~~	~~Morphine~~
~~Nitrous oxide~~	~~Oxytocin~~	~~Procainamide~~
~~Pralidoxime (2-PAM)~~	~~Thiamine~~	~~Verapamil~~

~~*Any drug other than those specified here may be carried if previously approved and included in the medical control plan.~~

Drugs:

The Bureau of EMS and the Committee on Medical Direction, Training, and Quality Assurance (MDTQA) will approve pharmaceuticals available for use by EMS providers. A list of 'Required', 'Optional', and 'Transport only' drugs for EMS providers in the State is compiled and maintained by the BEMS and the MDTQA. All pharmaceuticals carried and administered by EMS providers in the state must be in the 41 classifications of drugs as defined by the 1998 EMT-Paramedic National Standard Curriculum. A current list of fluids and medications approved for initiation and transport by Mississippi EMS providers is available from the BEMS office or the BEMS website (www.msems.org).

NOTE: A System Medical Director may make requests for changes to the list. These requests should be submitted in writing to the BEMS. All requests must detail the rationale for the additions, modifications, or deletions.

1.8 Special Use EMS Vehicles

•The Law §41-59-3.

§41-59-3..Definitions
As used in this chapter, unless the context otherwise requires, the term:

(a) "Ambulance" means any privately or publicly owned land or air vehicle that is especially designed, constructed, modified or equipped to be used, maintained and operated upon the streets, highways or airways of this state to assist persons who are sick, injured, wounded, or otherwise incapacitated or helpless;

(b) "Permit" means an authorization issued for an ambulance vehicle and/or a special use EMS vehicle as meeting the standards adopted under this chapter;

(c) "License" means an authorization to any person, firm, corporation, or governmental division or agency to provide ambulance services in the State of Mississippi;

(d) "Emergency medical technician" means an individual who possesses a valid emergency medical technician's certificate issued under the provisions of this chapter;

(e) "Certificate" means official acknowledgment that an individual has successfully completed (i) the recommended basic emergency medical technician training course referred to in this chapter which entitles that individual to perform the functions and duties of an emergency medical technician, or (ii) the

recommended medical first responder training course referred to in this chapter which entitles that individual to perform the functions and duties of a medical first responder;

(f) "Board" means the State Board of Health;

(g) "Department" means the State Department of Health, Division of Emergency Medical Services;

(h) "Executive officer" means the Executive Officer of the State Board of Health, or his designated representative;

(i) "First responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons**;**

(j) "Medical first responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons who (i) is trained to assist other EMS personnel by successfully completing, and remaining current in refresher training in accordance with, an approved "First Responder: National Standard Curriculum" training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a first responder by the National Registry of Emergency Medical Technicians; and (iii) is certified as a medical first responder by the State Department of Health, Division of Emergency Medical Services;

(k) "Invalid vehicle" means any privately or publicly owned land or air vehicle that is maintained, operated and used only to transport persons routinely who are convalescent or otherwise nonambulatory and do not require the service of an emergency medical technician while in transit;

(l) "Special use EMS vehicle" means any privately or publicly owned land, water or air emergency vehicle used to support the provision of emergency medical services. These vehicles shall not be used routinely to transport patients;

(m) "Trauma care system" or "trauma system" means a formally organized arrangement of health care resources that has been designated by the department by which major trauma victims are triaged, transported to and treated at trauma care facilities;

(n) "Trauma care facility" or "trauma center" means a hospital located in the State of Mississippi or a Level I trauma care facility or center located in a state contiguous to the State of Mississippi that has been designated by the department to perform specified trauma care services within a trauma care system pursuant to

standards adopted by the department. Participation in this designation by each hospital is voluntary;

(o) "Trauma registry" means a collection of data on patients who receive hospital care for certain types of injuries. Such data are primarily designed to ensure quality trauma care and outcomes in individual institutions and trauma systems, but have the secondary purpose of providing useful data for the surveillance of injury morbidity and mortality;

(p) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part;

(q) "Emergency medical call" means a situation that is presumptively classified at time of dispatch to have a high index of probability that an emergency medical condition or other situation exists that requires medical intervention as soon as possible to reduce the seriousness of the situation, or when the exact circumstances are unknown, but the nature of the request is suggestive of a true emergency where a patient may be at risk;

(r) "Emergency response" means responding immediately at the basic life support or advanced life support level of service to an emergency medical call. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call;

(s) "Emergency mode" means an ambulance or special use EMS vehicle operating with emergency lights and warning siren (or warning siren and air horn) while engaged in an emergency medical call.

§63-7-19. Lights on police and emergency vehicles; lights on rural mail carrier vehicles.

1) Except as otherwise provided for unmarked vehicles under Section 19-25-15 and Section 25-1-87, every police vehicle shall be marked with blue lights. Every ambulance and special use EMS vehicle as defined in Section 41-59-3 shall be marked with red lights front and back and also may be marked with white and amber lights in addition to red lights. Every emergency management/civil defense vehicle, including emergency response vehicles of the Department of Environmental Quality, shall be marked with blinking, rotating or oscillating red lights. Official vehicles of a 911 Emergency Communications District may be marked with red and white lights. Every wrecker or other vehicle used for

emergency work, except vehicles authorized to use blue or red lights, shall be marked with blinking, oscillating or rotating amber colored lights to warn other vehicles to yield the right-of-way, as provided in Section 63-3-809. Only police vehicles used for emergency work may be marked with blinking, oscillating or rotating blue lights to warn other vehicles to yield the right-of-way. Only law enforcement vehicles, fire vehicles, private or department-owned vehicles used by firemen of volunteer fire departments which receive funds pursuant to Section 83-1-39 when responding to calls, emergency management/civil defense vehicles, emergency response vehicles of the Department of Environmental Quality, ambulances used for emergency work, and 911 Emergency Communications District vehicles may be marked with blinking, oscillating or rotating red lights to warn other vehicles to yield the right-of-way. This section shall not apply to school buses carrying lighting devices in accordance with Section 63-7-23.

2) Any vehicle referred to in subsection (1) of this section also shall be authorized to use alternating flashing headlights when responding to any emergency.

3) Any vehicle operated by a United States rural mail carrier for the purpose of delivering United States mail may be marked with two (2) amber colored lights on front top of the vehicle and two (2) red colored lights on rear top of the vehicle so as to warn approaching travelers to decrease their speed because of danger of colliding with the mail carrier as he stops and starts along the edge of the road, street or highway.

•Rules and Regulations

1.8.1. Special Use Emergency Medical Services Vehicles (SUEMSV) used on roadways shall be equipped with the following minimum emergency warning devices:

1.8.1.1. A combination electronic siren with integral public address system.

1.8.1.2. Strobe, light emitting diode (LED) or quartz halogen incandescent red or combination red/clear emergency lights providing the vehicle with a conspicuous appearance for safety during emergency response. The emergency lights must display highly perceptible and attention-getting signals designed to convey the message "clear the right-of-way."

1.8.1.3. Use of emergency warning devices by SUEMSV is restricted to actual EMS responses as authorized and requested by the licensed ambulance service or DEMS.

•Policy for Administration

1.8.2. Permits for special use EMS vehicles are issued by BEMS to a licensed ambulance service after an inspection of the vehicles has been completed and a determination made by BEMS that all requirements have been met.

1.8.3. Permits issued shall expire concurrently with the service license.

1.8.4. All permits for vehicles are issued by licensed location. If, at any time, a vehicle is moved to a new location, a new inspection must be made and a new permit issued in accordance with the service license for the new location.

1.8.5. The permit fee is $100.00 per vehicle.

1.8.6. Personnel operating ground SUEMSV must be certified as EMS-D.

1.8.7. Each SUEMSV must be insured as per Section 41-59-27, Mississippi Code of 1972, Annotated.

1.8.8. All Special Use EMS Vehicles must be marked with flashing red lights front and back and may be marked with white and amber lights in addition to red lights.

Section 3 – Aero Medical Emergency Medical Services

3.1 Aero Medical Emergency Medical Services

•The Law §41-59-9.

§41-59-9. License and permit required.
From and after October 1, 1974, no person, firm, corporation, association, county, municipality, or metropolitan government or agency, either as owner, agent or otherwise, shall hereafter furnish, operate, conduct, maintain, advertise or otherwise engage in the business of service of transporting patients upon the streets, highways or airways of Mississippi unless he holds a currently valid license and permit, for each ambulance, issued by the board.
SOURCES: Laws, 1974, ch. 507, § 5(1), eff from and after passage (approved April 3, 1974).

• Rules and Regulations

3.1.1. Definitions Relative to Aero Medical EMS:

3.1.1.1 Advanced Life Support Care (ALSC) - Means a sophisticated level of pre-hospital and inter-hospital emergency care which includes basic life support functions including cardiopulmonary resuscitation (CPR), plus cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other authorized techniques and procedures. This level of care (quantity and type of staff member(s), equipment and procedures) is consistent with a patient in a pre-hospital emergency or non-emergency incident. In addition, this level of care (quantity and type of staff member(s), equipment and procedures) is consistent with a patient in a inter-hospital incident who is in a non-acute situation and is being cared for in an environment where monitoring of cardiac rhythm, neurological status, and/or continuous infusions of anti-arrhythmic and/or vasopressors, are part of the patient's care needs.

3.1.1.2. Aeromedical Physiology - (altitude physiology, flight physiology) Means the physiological changes imposed on humans when exposed to changes in altitude and atmospheric pressure and the physical forces of aircraft in flight. Persons whose physiologic state is already compromised may be more susceptible to these changes and the potential physiologic responses they may experience while in flight in an aircraft. It is directly related to physical gas laws and the physics of flight. See also Stressor of Flight.

3.1.1.3. Air Ambulance Aircraft - (aircraft, airplane) Means a fixed-wing or rotor-wing aircraft specially constructed or modified, that is equipped and designated for transportation of sick or injured persons. It does not include transport of organ transplant teams or organs.

3.1.1.4. Air Ambulance Service - (service, provider) Means an entity or a division of an entity (sole proprietorship, partnership or corporation) that is authorized by the Federal Aviation Administration (FAA) and BEMS to provide patient transport and/or transfer by air ambulance aircraft. The patient(s) may be ambulatory or non-ambulatory and may or may not require medical intervention of basic or advanced nature. It uses aircraft, equipped and staffed to provide a medical care environment on board appropriate to patient's needs. The term air ambulance service is not synonymous with and does not refer to the FAA air carrier certificate holder unless they also maintain and control the medical aspects that make up a complete service.

3.1.1.5. Air Medical Personnel - Means a licensed physician, registered nurse, respiratory therapist, State of Mississippi current certified EMT-Paramedic, EMT-Intermediate or EMT-Basic who has successfully completed a course in aeromedical physiology and flight safety training and orientation.

3.1.1.6. Air Ambulance Transport System Activation - Formerly referred to as Dispatch, the term was changed to avoid conflict with the meaning in the FAR's - Means the process of receiving a request for transport or information and the act of allocating, sending and controlling an air ambulance and air medical personnel in response to such request as well as monitoring the progress of the transport.

3.1.1.7. Authorized Representative - Means any person delegated by a licensee to represent the provider to county, municipal or federal regulatory officials.

3.1.1.8. Basic Life Support Care (BLSC) - (BLS, basic care) Means the level of care (quantity and type of staff members(s), equipment and procedures) which is consistent with a stable patient in a non-acute situation who prior to transport may be in a skilled care setting or non-health care facility. The patient's condition will be such that he requires only minimal care such as monitoring of vital signs or administration of oxygen. It does not include patients with continuous IV infusions with or without additives or artificial airways. This level of care will be rendered by at least a basic level emergency medical technician. This level of care requires minimal equipment such as basic monitoring and diagnostic equipment - stethoscope, blood pressure cuff, flashlight, etc.

3.1.1.9. Cockpit Crew Member - (pilot, co-pilot, flight crew) Means a pilot, co-pilot, flight engineer, or flight navigator assigned to duty in an aircraft cockpit.

3.1.1.10. Critical Care Life Support (CCLS) - Means the level of care (quantity and type of staff member(s), equipment and procedures) that is consistent with a patient who may or may not be stable and who is in an acute situation or at high risk of decompensating prior to transport. The following patient categories are included: cardiovascular, pulmonary, neurologic, traumatic injury including spinal or head injury, burns, poisonings and toxicology. These patients are being cared for in an acute care facility such as the emergency department, intensive, critical, coronary or cardiac rhythm, oxygen saturation and maintenance of continuous infusions of IV medications or control of ventilatory functions by artificial means is being performed. This level of care must be rendered by at least two air medical

personnel, one of which is a registered nurse or physician. This level of care requires specific monitoring and diagnostic equipment above the advanced level.

3.1.1.11. FAA - Means the Federal Aviation Administration.

3.1.1.12. FAR - Means the Federal Aviation Regulation.

3.1.1.13. FCC - Means the Federal Communications Commission.

3.1.1.14. Fixed-wing Air Ambulance - (fixed-wing) Means a fixed-wing type aircraft that is constructed or modified to transport at least one sick or injured patient in the supine or prone position on a medically appropriate, FAA approved stretcher. It also includes an array of medical equipment and an appropriate number of trained air medical personnel to care for the patient's needs.

3.1.1.15. Inter-facility Transfer - (transfer) Means the transportation of a patient, by an air ambulance service provider, initiating at a health care facility whose destination is another health care facility.

3.1.1.16. Medical Director - Means a licensed physician (MD or DO) who is specifically designated by an air ambulance provider and has accepted the responsibility for providing medical direction to the air ambulance service. He or she must be a Mississippi licensed physician, M.D. or D.O. who on or before July 1, 2005 has completed a state approved medical director training course or show evidence of board certification in emergency medicine or board eligibility in emergency medicine. Air Ambulances which operate from or based in Mississippi, must have a System medical director that must practice within the designated trauma care region or legal EMS district within which he/she is providing medical control. (Air Ambulance provided from and based out-of-state must have a system medical director that is board certified in emergency medicine or board eligible in emergency medicine.) The medical director is ultimately responsible for all aspects of a service's operation which effect patient care. The medical director is responsible for assuring that appropriately trained medical personnel and equipment are provided for each patient transported and that individual aircraft can provide appropriate care environments for patients. ***The Air Ambulance Service Medical Director must be approved by the State EMS Medical Director.***

3.1.1.17. Patient - Means an individual who is sick, injured, or otherwise incapacitated or whose condition requires or may require skilled medical care for intervention.

3.1.1.18. Permit - Means a document issued by BEMS indicating that the aircraft has been approved for use as an air ambulance vehicle by BEMS in the state of Mississippi.

3.1.1.19. Physician - (doctor) Means a person licensed to practice medicine as a physician (MD or DO) by the state where the air ambulance service is located.

3.1.1.20. Pilot - Means a person who holds a valid certificate issued by the FAA to operate an aircraft.

3.1.1.21. Public Aircraft - Means an aircraft used only in the service of a government agency. It does not include government-owned aircraft engaged in carrying persons or property for commercial purposes.

3.1.1.22. Reciprocal Licensing - (reciprocity) means mutual acceptance of an air ambulance service provider's valid license to operate an air ambulance service in a state other than the one in which it is licensed.

3.1.1.23. Registered Nurse - (RN) Means an individual who holds a valid license issued by the state licensing agency to practice professional nursing as a registered nurse.

3.1.1.24. Rotor-wing Air Ambulance - (rotor-wing) Means a rotor-wing type aircraft that is constructed or modified to transport at least one sick or injured patient in the supine or prone position on a medically appropriate, FAA approved stretcher/litter (as per FAR Section 23.785 and 23.561). It also includes an array of medical equipment and an appropriate number of trained air medical personnel to care for the patient's needs.

3.1.1.25. Specialty Care Transport (SCS) - Means the level of care (quantity and type of staff member(s), equipment and procedures) that is consistent with a patient whose condition requires special care specific to their age and/or diagnosis. The patient may or may not be stable or in an acute situation prior to transport. The following patient categories are included: pediatric intensive care, maternal care, neonatal intensive care and burn care.

Note: These patients are being cared for in an acute care facility environment such as the emergency department, coronary care unit, intensive care unit, pediatric or neonatal unit, burn care or other similar unit where continuous monitoring of vial signs, cardiac rhythm, oxygen saturation and maintenance of continuous infusions of IV medications or control of ventilatory functions by artificial means are being performed. This level of care must be rendered by medical personnel of appropriate training. This level of care requires monitoring and diagnostic equipment specific to the patients special care needs. Patients requiring this level of care should be identified during medical screening so that special staffing and equipment requirements can meet the patients potential needs. These patients are considered at risk for de-compensation during transport which may require close attention or intervention.

3.1.1.26. Stressors of Flight - Means the factors which humans may be exposed to during flight which can have an effect on the individual's physiologic state and ability to perform. The stressors include - hypoxia, barometric changes (expanding and contracting gas), fatigue (sometimes self induced), thermal variations (extremes of temperature), dehydration, noise, vibration, motion and G-forces.

3.2 Licensing

3.2.1. Licensure as an air ambulance service shall only be granted to a person or entity that directs and controls the integrated activities of both the medical and aviation components.

Note: Air ambulance requires the teaming of medical and aviation functions. In many instances, the entity that is providing the medical staffing, equipment and control is not the certificate aircraft operator but has an arrangement with another entity to provide the aircraft. Although the aircraft operator is directly responsible to the FAA for the operation of the aircraft, one organization, typically the one in charge of the medical functions, directs the combined efforts of the aviation and medical components during patient transport operations.

3.2.2. No person or organization may operate an air ambulance service unless such person or organization has a valid license issued by BEMS. Any person desiring to provide air ambulance services shall, prior to operation, obtain a license from BEMS. To obtain such license, each applicant for an air ambulance license shall pay the required fee and submit an application on the prescribed air ambulance licensure application forms. ***Applicant must submit one copy of the plan of medical control at least 30 days prior to service start date for approval by BEMS and State EMS Medical Director.*** The license shall automatically expire at the end of the licensing period.

3.2.3. Prior to operation as an air ambulance, the applicant shall obtain a permit for each aircraft it uses to provide its service.

3.2.4. Each licensee shall be able to provide air ambulance service within 90 days after receipt of its license to operate as an air ambulance from the licensing authority.

3.2.5. Each aircraft configured for patient transport shall meet the structural, equipment and supply requirements set forth in these regulations.

3.2.6. An air ambulance license is dependent on, and concurrent with, proper FAA certification of the aircraft operator(s) to concurrent with proper FAA certification of the aircraft operator(s) to conduct operations under the applicable parts of the Federal Aviation Regulations (included are Parts 1, 43, 61, 67, 91, 135).

3.2.7. Current, full accreditation by the Commission on Accreditation of Air Medical Services (CAAMS) or equivalent program will be accepted by BEMS as compliance with the requirements set forth.

3.2.8. A provider's license will be suspended or revoked for failure to comply with the requirements of these regulations.

3.2.9. No licensee shall operate a service if their license has been suspended or revoked.

3.2.10. Any provider that maintains bases of operation in more than one state jurisdiction shall be licensed at each base by BEMS having jurisdiction.

3.10. Off-Line and On-Line Medical Direction

3.10.1. **Off-Line Medical Direction**

3.10.1.1. **Qualifications**

3.10.1.1.1. Each air ambulance service shall designate or employ an off-line medical director. The off-line medical director shall meet the following qualifications:

3.10.1.1.2. The off-line medical director shall be a physician (MD or DO) currently licensed and in practice.

3.10.1.1.3. The physician shall be licensed to practice medicine in the state(s) where the service is domiciled.

3.10.1.1.4. Services having multiple bases of operation shall have an off-line medical director for each base. If the off-line medical director for the service's primary location is licensed in the state where the base(s) is/are located, they may function as the off-line medical director for that base in place of a separate individual.

3.10.1.1.5. Must be a Mississippi licensed physician, M.D. or D.O. who on or before July 1, 2005 has completed a state approved medical director training course or show evidence of board certification in emergency medicine or board eligibility in emergency medicine. Air Ambulances which operate from or based in Mississippi, must have a System medical director that must practice within the designated trauma care region or legal EMS district within which he/she is providing medical control. (Air Ambulance provided from and based out-of-state must have a system medical director that is board certified in emergency medicine or board eligible in emergency medicine***.)*** ***The Air Ambulance Service Medical Director must be approved by the State EMS Medical Director.***

3.10.1.1.6. The off-line medical director shall have knowledge and experience consistent with the transport of patient's by air.

3.10.2. **Responsibilities**

3.10.2.1. The physician shall be knowledgeable in aeromedical physiology, stresses of flight, aircraft safety, patient care, and resource limitations of the aircraft, medical staff and equipment.

3.10.2.2. The off-line medical director shall have access to consult with medical specialists for patient(s) whose illness and care needs are outside his/her area of practice.

3.10.2.3. The off-line medical director shall ensure that there is a comprehensive plan/policy to address selection of appropriate aircraft, staffing and equipment.

3.10.2.4. The off-line medical director shall be involved in the selection, hiring, training and continuing education of all medical personnel.

3.10.2.5. The off-line medical director shall be responsible for overseeing the development and maintenance of a quality assurance or a continuous quality improvement program.

3.10.2.6. The off-line medical director shall ensure that there is a plan to provide direction of patient care to the air medical personnel during transport. The system shall include on-line (radio/telephone) medical control, and/or an appropriate system for off-line medical control such as written guidelines, protocols, procedures patient specific written orders or standing orders.

3.10.2.7. The off-line medical director shall participate in any administrative decision making processes that affects patient care.

3.10.2.8. The off-line medical director will ensure that there is an adequate method for on-line medical control, and that there is a well defined plan or procedure and resources in place to allow off-line medical control.

3.10.2.9. In the case where written policies are instituted for medical control, the off-line medical director will oversee the review, revision and validation of them annually.

3.10.2.10 The plan for medical control must be submitted to BEMS at least 30 days prior to the service start date for approval by BEMS and the State EMS Medical Director.

3.10.2.11 Revisions in the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to BEMS every three (3) years.

3.10.3. **On-line Medical Control**

The licensee's off-line medical director shall ensure that there is a capability and method to provide on-line medical control to air medical personnel on board any of its air ambulance aircraft at all times. If patient specific orders are written, there shall be a formal procedure to use them. In addition to on-line medical control capabilities, the licensee shall have a written plan, procedure and resources in place for off-line medical control. This may be accomplished by use of comprehensive written, guidelines, procedures or protocols.

Section 5 – Medical First Responder

Section 41-59-3, MAC

Definitions
As used in this chapter, unless the context otherwise requires, the term:

(a) "Certificate" means official acknowledgment that an individual has successfully completed (i) the recommended basic emergency medical technician training course referred to in this chapter which entitles that individual to perform the functions and duties of an emergency medical technician, or (ii) the recommended medical first responder training course referred to in this chapter which entitles that individual to perform the functions and duties of a medical first responder;

(b) "Board" means the State Board of Health;

(c) "Department" means the State Department of Health, Division of Emergency Medical Services;

(d) "Executive officer" means the Executive Officer of the State Board of Health, or his designated representative;

(e) "First responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons;

(f) "Medical first responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons who (i) is trained to assist other EMS personnel by successfully completing, and remaining current in refresher training in accordance with, an approved "First Responder: National Standard Curriculum" training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a first responder by the National Registry of Emergency Medical Technicians; and (iii) is certified as a medical first responder by the State Department of Health, Division of Emergency Medical Services;

(g) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious

impairment to bodily functions, or serious dysfunction of any bodily organ or part;

(h) "Emergency medical call" means a situation that is presumptively classified at time of dispatch to have a high index of probability that an emergency medical condition or other situation exists that requires medical intervention as soon as possible to reduce the seriousness of the situation, or when the exact circumstances are unknown, but the nature of the request is suggestive of a true emergency where a patient may be at risk;

(i) "Emergency response" means responding immediately at the basic life support or advanced life support level of service to an emergency medical call. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call;

(j) "Emergency mode" means an ambulance or special use EMS vehicle operating with emergency lights and warning siren (or warning siren and air horn) while engaged in an emergency medical call.

5.1 Training Authority Medical First Responder

The guidelines and minimum standards are set forth in order to establish a minimum level of training for the Medical First Responder in the State of Mississippi. These guidelines and minimum standards shall be met by all Medical First Responder courses in the state. BEMS may approve Medical First Responder programs if it is determined after review by the BEMS staff***, State EMS Medical Director,*** and the Medical Direction, Training and Quality Assurance Committee that the objectives of the training program equal or exceed those of the State of Mississippi. Additionally, organized EMS districts as recognized by BEMS, Mississippi State Department of Health, are authorized to provide this training. All Medical First Responder training programs must have BEMS approval prior to the start of class.

5.2 Medical First Responder Curriculum

Medical First Responder training curriculums must conform, at minimum, to the National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions as approved for use by BEMS. Minimum hours required for Medical First Responder are: 40 didactic/lab. In addition***, a Healthcare Provider CPR course that meets current AHA Standards and Guidelines for CPR and AED must be completed.*** ~~the following modules will be taken from the EMT Basic National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions: Automatic External Defibrillator (AED) and oxygen therapy~~. ***BEMS and the State EMS Medical Director must approve all training curriculums.*** Written permission from BEMS must be obtained prior to the start of a Medical First Responder course.

5.3 Request for approval of Medical First Responder training programs

A list of BEMS approved Medical First Responder training programs will be available at the BEMS office and on the BEMS website. Request for approval of Medical First Responder training programs not contained on the approved list shall be sent to BEMS with evidence and verification that:

a. The Medical First Responder training program meets, at minimum, the requirements of the Medical First Responder curriculum as given in this Section.
b. There are Medical First Responder instructor certification and re-certification requirements, including an evaluation of instructor terminal competencies, provided in the requested training program.

Note: Credentialed EMS instructors of BEMS as trained through the Mississippi EMS Instructor training program and in good standing, are considered as meeting the above requirement.

Approval must be given by the Medical Direction, Training and Quality Assurance Committee (MDTQA***), State EMS Medical Director,*** and BEMS, prior to the start of any classes utilizing the proposed Medical First Responder training program**.**

5.4 Medical First Responder Training Programs

Mississippi Medical First Responder ***training*** ***should include at least forty hours of instruction on the objectives of the First Responder National Standard Curriculum. The participants must receive training at the Healthcare Provider level in CPR and AED prior to completion of the program. This portion of the training should be a minimum of eight additional hours if incorporated into the Medical First Responder training program.*** ~~shall also include the instructor lesson plan for Basic EMT National Standard Training Curriculum (NSTC), Automatic External Defibrillation (AED) and oxygen therapy sections. Additionally, it should be noted that current AHA Standards and Guidelines for CPR and AED will supersede the NSTC.~~

1. The length of the ~~Medical First Responder~~ ***Healthcare Provider*** CPR and AED course shall not be less than 8 hours (didactic and practical). ***This training should meet the current AHA Standards and Guidelines for CPR and AED.***
2. The complete Mississippi Medical First Responder educational program should be designed to provide the knowledge that will allow the student to arrive at decisions based on accepted medical knowledge and that will permit the professional growth of the Medical First Responder.
3. The program should consist of at minimum two components: didactic instruction and clinical instruction, with optional supervised field experience in a system which functions under a medical command authority. The time required to complete each component may vary, in part being dependent upon the ability of students to demonstrate their mastery of the educational objectives by written, verbal, and practical examination.

4. The program should maintain on file for each component of the curriculum a reasonable comprehensive list of the terminal performance objectives to be achieved by the student. These objectives should delineate mastery in all competencies identified, including curriculum documentation, measurement techniques used, and the records maintained on each student's work.
5. The student should be informed about the methods and data used in determining grades and about the mechanism for appeal. Conditions governing dismissal from the program should be clearly defined in writing and distributed to the student at the beginning of the training program.
6. Evidence of student competence in achieving the educational objectives of the program should be kept on file. Documentation should be in the form of both written and practical examinations.
7. Classroom, clinical, and optional field faculty should also prepare written evaluations on each student. Documentation should be maintained identifying the counseling given to individual students regarding their performance and the recommendations made to correct inadequate performance. Documentation on whether or not the student followed through on faculty recommendations should also be maintained. Instruction should be supported by performance assessments.
8. Faculty should be presented with the program's educational objectives for uses in preparation of lectures and clinical and field practice. The course coordinator should ensure that stated educational objectives are covered and should answer any questions from students or clarify information presented by a lecturer.
    a. Didactic instruction: Lectures, discussions, and demonstrations presented by physicians and others who are competent in the field.
    b. Clinical and other settings: Instruction and supervised practice of emergency medical skills. Practice should not be limited to the development of practical skills alone, but should include knowledge and techniques regarding patient evaluations, development of patient rapport, and care for and understanding of the patient's illness. Documentation should be maintained for each student's performance in all of the various areas. A frequent performance evaluation is recommended.
    c. Field Experience (optional): The field internship is a period of supervised experience in a structured overall EMS system. It provides the student with a progression of increasing patient care responsibilities which proceed from observation to working as a member of a team. There should be a provision for physician evaluation of student progress in acquiring the desired skills to be developed through this experience. The initial position of the student on the EMS care team should be that of observer and should progress to participation in actual patient care. The student should not be placed in the position of being a necessary part of the

patient care team. The team should be able to function without the necessary use of a student who may be present.

9. General courses and topics of study must be achievement oriented and shall provide students with:
   a. The necessary knowledge, skills, and attitudes to perform accurately and reliably the functions and tasks stated and implied in the "Job Description" and "Functional Job Analysis" found in the DOT, NSTC Course Guide.
   b. Comprehensive instruction which encompasses:
      (i) Development of knowledge and clinical skills appropriate for this level of care ***in the areas of:***
      (a) Introduction to EMS Systems
      (b) The well-being of the First Responder
      (c) Legal and Ethical Issues
      (d) The Human Body
      (e) Lifting and Moving Patients
      (f) Airway management procedures
      (g) Patient assessment including both ~~a primary and secondary survey~~ ***initial and ongoing assessment.***
      (h) Managing patient circulation
      (i) Identify and manage illness and injury
      (j) Childbirth
      (k) Assessment and management of common medical and trauma situations of infants/children
      (l) EMS operations

~~**NOTE: The following curriculum must be taught in addition to that listed above.**~~

~~Medical First Responder -~~

~~EMT-Basic NSC Module 2-1 Airway (for oxygen therapy) and the associated lab and evaluation modules~~

~~EMT-Basic NSC Module 4-3 Cardiovascular Emergencies (for Automatic External Defibrillation) and the associated lab and evaluation modules~~

~~Medical First Responder training must include the following objectives from the EMT-Basic National Standard Curriculum:~~

~~The following objectives should be added to the First Responder Module 2 on Airway from the EMT-Basic NSC Module 2 to provide oxygen therapy training to Medical First Responders.~~

Cognitive Objectives

2-1.2 List the signs of adequate breathing
2-1.10 Describe the steps in performing the skill of artificially ventilating a patient with bag-valve-mask while using the jaw thrust
2-1.11 List the parts of a bag-valve-mask system
2-1.12 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers
2-1.13 Describe the signs of adequate artificial ventilation using the bag-valve-mask
2-1.14 Describe the signs of inadequate artificial ventilation using the bag-valve-mask
2-1.15 Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device
2-1.16 List the steps in performing the actions taken when providing mouth-to-mouth and mouth-to-stoma artificial ventilation
2-1.19 Define the components of an oxygen delivery system
2-1.20 Identify a nonrebreather face mask and state the oxygen flow requirements needed for its use
2-1.21 Describe the indications for using a nasal cannula versus a nonrebreather face mask
2-1.22 Identify a nasal cannula and state the flow requirements needed for its use

Affective Objectives

2-1.24 Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations.

Psychomotor Objectives

2-1.30 Demonstrate the assembly of a bag-valve-mask unit
2-1.31 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers
2-1.32 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust
2-1.33 Demonstrate artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device
2-1.37 Demonstrate the correct operation of oxygen tanks and regulators
2-1.38 Demonstrate the use of a nonrebreather face mask and state the oxygen flow requirements needed for its use
2-1.39 Demonstrate the use of a nasal cannula and state the flow requirements needed for its use
2-1.40 Demonstrate how to artificially ventilate the infant and child patient
2-1.41 Demonstrate oxygen administration for the infant and child patient

~~The following objectives should be added to the First Responder Training Program from the EMT-Basic NSC Module 4 and/or nationally AHA guidelines to provide training for cardiovascular emergencies and the use of automated external defibrillators to Medical First Responders.~~

~~Cognitive Objectives~~

~~4-3.1 Describe the structure and function of the cardiovascular system~~
~~4-3.2 Describe the emergency medical care of the patient experiencing chest pain/discomfort~~
~~4-3.3 List the indications for automated external defibrillation~~
~~4-3.4 List the contraindications for automated external defibrillation~~
~~4-3.5 Define the role Medical First Responder in the emergency cardiac care system~~
~~4-3.6 Explain the impact of age and weight on defibrillation~~
~~4-3.7 Discuss the position of comfort for patients with various cardiac emergencies~~
~~4-3.8 Establish the relationship between airway management and the patient with cardiovascular compromise~~
~~4-3.9 Predict the relationship between the patient experiencing cardiovascular compromise and basic life support~~
~~4-3.10 Discuss the fundamentals of early defibrillation~~
~~4-3.11 Explain the rationale for early defibrillation~~
~~4-3.12 Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator~~
~~4-3.13 Explain the importance of pre-hospital ACLS intervention if it is available~~
~~4-3.14 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the pre-hospital setting~~
~~4-3.15 Discuss the various types of automated external defibrillators~~
~~4-3.16 Differentiate between the fully automated and the semi-automated defibrillator~~
~~4-3.17 Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators~~
~~4-3.18 State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator~~
~~4-3.19 Discuss the circumstances which may result in inappropriate shocks~~
~~4-3.20 Explain the considerations for interruption of CPR, when using the automated external defibrillator~~
~~4-3.21 Discuss the advantages and disadvantages of automated external defibrillators~~
~~4-3.22 Summarize the speed of operation of automated external defibrillation~~
~~4-3.23 Discuss the use of remote defibrillation through adhesive pads~~

4-3.24 Discuss the special considerations for rhythm monitoring
4-3.25 List the steps in the operation of the automated external defibrillator
4-3.26 Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS
4-3.27 Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS
4-3.28 Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator
4-3.29 Explain the reason for pulses not being checked between shocks with an automated external defibrillator
4-3.30 Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators
4-3.31 Discuss the importance of post-resuscitation care
4-3.32 List the components of post-resuscitation care
4-3.33 Explain the importance of frequent practice with the automated external defibrillator
4-3.34 Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist
4-3.35 Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation
4-3.36 Explain the role medical direction plays in the use of automated external defibrillation
4-3.37 State the reasons why a case review should be completed following the use of the automated external defibrillator
4-3.38 Discuss the components that should be included in a case review
4-3.39 Discuss the goal of quality improvement in automated external defibrillation
4-3.40 Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain
4-3.43 Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance

Affective Objectives

4-3.44 Defend the reasons for obtaining initial training in automated external defibrillation and the importance of continuing education
4-3.45 Defend the reason for maintenance of automated external defibrillators

Psychomotor Objectives

4-3.47 Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort
4-3.48 Demonstrate the application and operation of the automated external defibrillator

~~4-3.49 Demonstrate the maintenance of an automated external defibrillator~~
~~4-3.50 Demonstrate the assessment and documentation of patient response to the automated external defibrillator~~
~~4-3.51 Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist~~
~~4-3.54 Practice completing a pre-hospital care report for patients with cardiac emergencies~~

10. Operational Policies

(a) Student matriculation practices and student and faculty recruitment should be non-discriminatory with respect to race, color, creed, sex, or national origin. Student matriculation and student and faculty recruitment practices are to be consistent with all laws regarding non-discrimination. It is recommended that records be kept for a reasonable period of time on the number of students who apply and the number accepted, as well as a placement history of those who complete the program.

- Announcements and advertising about the program shall reflect accurately the training being offered.
- The program shall be educational and students shall use their scheduled time for educational experiences.
- Health and safety of students, faculty, and patients shall be adequately safeguarded.
- Costs to the student shall be reasonable and accurately stated and published.
- Policies and process for student withdrawal and refunds on tuition and fees shall be fair, and made known to all applicants.

(b) Curriculum Description

Instructional content of the educational program should include the successful completion of stated educational objectives that fulfill local and regional needs and that satisfy the requirements of this curriculum section. The curriculum should be organized to provide the student with knowledge required to understand fully the skills that are taught in this program. It is important not to lose sight of the original purpose of the Medical First Responder level. ~~The curriculum includes only the portions of the NSTC for the EMT-Basic which are relevant for this level of care.~~ Students should have an opportunity to acquire clinical experience and practice skills related to the emergency medical care of these patients. Students should also understand the ethical and legal responsibilities they assume as students and are being prepared to assume as graduates.

5.5 Medical First Responder classes, class approval

The BEMS may approve Medical First Responder training classes if it is determined, after review of Medical First Responder class request forms, that the objectives of the class equal or exceed those of the State of Mississippi.

Medical First Responder class approval forms can be requested from BEMS or be completed on the BEMS website. Credentialed Medical First Responder instructors should complete the class approval form and submit to BEMS, at minimum, ~~fourteen~~ ***thirty (30)*** calendar days prior to the first day of class. BEMS will assign a class number to all approved requests and return to the credentialed Medical First Responder instructor. Incomplete paperwork will be returned without action.

5.6 Medical First Responder classes, initial roster

Initial rosters shall be completed by the credentialed Medical First Responder instructor immediately following the second meeting of the class. Initial roster forms can be obtained from BEMS or be completed on the BEMS website. A final roster for a full or refresher Medical First Responder class will not be accepted without an initial roster on file with BEMS.

5.7 Medical First Responder classes, final roster

Final rosters shall be completed by the credentialed Medical First Responder instructor immediately following the end of a full Medical First Responder or Medical First Responder refresher class. The final roster shall be inclusive of all students on the initial roster. The final roster will note students who withdrew, failed, and completed the Medical First Responder class. The final roster form can be obtained from BEMS or be completed on the BEMS website. Students successfully completing the class will not be allowed to test National Registry until a final roster is on file with BEMS. Credentialed Medical First Responder instructors must complete the final roster affidavit regarding Medical First Responder DOT practical skills completion ~~as well as automatic external defibrillator (AED) and oxygen therapy didactic and practicals.~~

5.8 Medical First Responder Training Programs, Minimum Admittance Criteria

1. Must be eighteen (18) years of age prior to class completion.

5.9 Medical First Responder Refresher Training

The Mississippi Medical First Responder Refresher curriculum must conform, at minimum, to the National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions as approved for use by BEMS. Minimum hours required for Medical First Responder refresher training are: 12 hours didactic/lab. ~~In addition, the following modules will be refreshed as taken from the EMT Basic Refresher National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions: Automatic External Defibrillator (AED) and oxygen therapy.~~ Written permission from BEMS must be obtained prior to

the start of a Medical First Responder refresher course***. Instructors should complete the class approval form and submit to BEMS, at minimum, thirty (30) calendar days prior to the first day of class.*** Medical First Responder refresher training must be accomplished by all certified Mississippi Medical First Responders during their National Registry certification period.

NOTE: Medical First Responder Refresher Course Instructors should refer to:
Section 5.3 for request for approval of Medical First Responder training programs
Section 5.5 for Medical First Responder classes, class approval
Section 5.6 for Medical First Responder classes, initial roster
Section 5.7 for Medical First Responder classes, final roster

5.10 Prerequisites to certification as a Medical First Responder (training obtained in Mississippi)

1. Age of at least 18 years.
2. Completion of the Board's approved Medical First Responder Training Program (Note: This includes passage of the National Registry examination).
3. National Registry ***certification at minimum level of*** ~~as a~~ First Responder

5.11 Prerequisites to certification as a Medical First Responder (training obtained in another state)

1. Age of at least 18 years.
2. Completion of a Medical First Responder program which meets the ***minimum*** guidelines of the First Responder National Standard Curriculum. Provide written verification from the State of training and of current status.
3. Completion of a State-approved Medical First Responder skills course ~~which must include automatic external defibrillation and the required sections of the DOT EMT-Basic module for oxygen therapy. (or equivalent, with MSDH, BEMS approved terminal competencies).~~
4. Applicant must be registered ***at a minimum level of*** ~~as a~~ First Responder by the National Registry of EMTs. This is documented by submitting a copy of the National Registry wallet card.

NOTE: The Mississippi BEMS maintains the right to refuse reciprocity to any Nationally Registered Medical First Responder ***applicant*** if the submitted curriculum does not meet the guidelines of the national standard curriculum and those required by the State of Mississippi.

5.12 Medical First Responder Certification

1. Any person desiring certification as a Medical First Responder shall apply to the BEMS using forms provided (Application for State Certification).
2. All certification applications must be accompanied by a ten dollar ($10.00) money order or business check payable to the Mississippi State Department of Health - BEMS, a copy of the applicant's current National Registry card. BEMS may withhold or deny the application for certification for a like period of time equal to the like period of time under which a person failed to comply. Mississippi requires that all Medical First Responder's maintain current registration with the National Registry of Emergency Medical Technicians.

5.13 Medical First Responder, Grounds for Suspension or Revocation

1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
2. Gross negligence.
3. Repeated negligent acts.
4. Incompetence.
5. Disturbing the peace while on duty.
6. Recklessly disregarding the speed regulations prescribed by law while on duty.
7. Failure to carry the Mississippi State Department of Health issued certification card while on duty or failure to wear appropriate identification as approved by State Department of Health, Bureau of EMS.
8. Failure to maintain current registration by the National Registry of EMTs.
9. Failure to maintain all current training standards as required by the State Department of Health.
10. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the State Department of Health, BEMS, pertaining to pre-hospital personnel.
13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
14. Addiction to, excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
15. Functioning outside the Medical First Responder scope of practice.
16. Permitting, aiding, or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
17. ***Failure to comply with the requirements of a Mississippi EMS Scholarship program.***

18. ***Failure to comply with an employer's request for drug and alcohol testing.***

5.14 Recertification of Medical First Responders

1. Any person desiring re-certification as a Medical First Responder shall apply to BEMS using forms provided (Application for state certification)
2. All re-certification applications must be accompanied by ten dollar ($10.00) money order or business check payable to the Mississippi State Department of Health – BEMS. Also, include a copy of the applicant's current National Registry card.
3. All Medical First Responders failing to re-certify with BEMS on or before the expiration date of his/her certification period will be considered officially expired.
4. BEMS may withhold or deny an application for re-certification for a like period of time equal to the like period of time under which a person fails to comply.
5. A Medical First Responder certificate issued shall be valid for a period not exceeding two and one-half (2 ½) years from date of issuance and may be renewed upon payment of a renewal fee of ten dollars ($10.00), which shall be paid to the Board, provided that the holder meets the qualifications set forth in regulations promulgated by the Board.
6. The Board may suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications.

5.15 Description of the Occupation and Competency of the Medical First Responder

Job Summary

A Mississippi Medical First Responder activates the EMS system, surveys the scene for hazards, contains those hazards, gains access to the injured or sick, gathers relevant patient data, provides immediate emergency medical care using a limited amount of equipment, controls the scene, and prepares for the arrival of the ambulance. Ongoing evaluation of the functioning Medical First Responder is essential to the maintenance of medical care quality. As with all professionals in the medical community, it must be realized that continuing education is an integral part of the Medical First Responder's ability to maintain a high degree of competency.

Functional Job Analysis
Mississippi Medical First Responder Characteristics
The Mississippi Medical First Responder must be a person who can remain calm while working in difficult and stressful circumstances, as well as one who is capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice.

The Mississippi Medical First Responder is expected to be able to work alone, but must also be a team player. Personal qualities such as the ability to "take charge" and control the situation are essential, as are the maintaining of a caring and professional attitude, controlling one's own fears, presenting a professional appearance, staying physically fit, and keeping one's skills and abilities up to date. The Mississippi Medical First Responder must be receptive to the evaluation required for the maintenance of quality medical care.

Self-confidence, a desire to work with people, emotional stability, tolerance for high stress, honesty, a pleasant demeanor, and the ability to meet the physical and intellectual requirements demanded by this position are characteristics of the competent First Responders. The Mississippi Medical First Responder also must be able to deal with adverse social situations which include responding to calls in districts known to have high crime rates. The Mississippi Medical First Responder ideally possesses an interest in working for the good of society and has a commitment to doing so.

Physical Demands
Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's and the First Responder's well being, as well as other workers' well-being must not be jeopardized.

Other
Use of telephone or radio dispatch for coordination of prompt emergency services is essential. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally, to dispatchers and other concerned staff, one's impression of a patient's condition, is critical as the First Responder works in emergency conditions where there may not be time for deliberation. The Mississippi Medical First Responder must also be able to accurately report all relevant patient data, which is generally, but not always, outlined on a prescribed form. Verbal and reasoning skills are used extensively. The ability to perform mathematical tasks is minimal, however, it does play a part in activities such as taking vital signs, making estimates of time, calculating the number of persons at a scene, and counting the number of persons requiring specific care.

Note: A more detailed Functional Job Analysis can be found in Appendix A of the First Responder National Standard Curriculum

5.16 Performance Standards for Medical First Responder

The Mississippi Medical First Responder who functions within the State of Mississippi must be able to demonstrate the following skills and understand the elements of total emergency care to the satisfaction of the local training coordinator and the certifying agency. Training programs must be approved by the Mississippi State Department of Health, BEMS, and/or the Department of Education.

The Medical First Responder's primary responsibility is to the patient and should include both an oral exam and an appropriate physical exam. Scene size-up including: scene safety, mechanism of injury, number of patients, additional help, and consideration of cervical stabilization.

The skills listed herein will enable the Medical First Responder to carry out all First Responder level patient assessment and emergency care procedures.

1. Given a possible infectious exposure, the First Responder will use appropriate personal protective equipment. At the completion of care, the First Responder will properly remove and discard the protective garments.
2. Given a possible infectious exposure, the First Responder will complete disinfection/cleaning and all reporting documentation.
3. Demonstrate an emergency move.
4. Demonstrate a non-emergency move.
5. Demonstrate the use of equipment utilized to move patient’s in the pre-hospital arena.
6. Demonstrate competence in psychomotor objectives for:
   a. EMS Systems
   b. Well-Being of the First Responder
   c. Legal and Ethical Issues
   d. The Human Body
   e. Lifting and Moving Patients
7. Demonstrate the steps in the head-tilt chin lift.
8. Demonstrate the steps in the jaw thrust.
9. Demonstrate the techniques of suctioning.
10. Demonstrate the steps in mouth-to-mouth ventilation with body substance isolation.
11. Demonstrate how to use a resuscitation mask to ventilate a patient.
12. Demonstrate how to ventilate a patient with a stoma.
13. Demonstrate how to measure and insert an oropharyngeal and nasopharyngeal airway.
14. Demonstrate how to ventilate infant and child patients.

15. Demonstrate how to clear a foreign body airway obstruction in a responsive child and adult.
16. Demonstrate how to clear a foreign body airway obstruction in a responsive and unresponsive
    a. Infant
    b. Child
    c. Adult
~~17. Demonstrate the assembly of a bag-valve-mask unit.~~
~~18. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.~~
~~19. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.~~
~~20. Demonstrate artificial ventilation of a patient with a flow-restricted, oxygen-powered ventilation device.~~
~~21. Demonstrate the correct operation of oxygen tanks and regulators.~~
~~22. Demonstrate the use of a nonrebreather face mask and state the oxygen flow requirements needed for its use.~~
~~23. Demonstrate the use of a nasal cannula and state the flow requirements needed for its use.~~
~~24. Demonstrate how to artificially ventilate the infant and child patient.~~
~~25. Demonstrate oxygen administration for the infant and child patient.~~
26. Demonstrate the ability to differentiate various scenarios and identify potential hazards.
27. Demonstrate the techniques for assessing
    a. Mental status
    b. The airway
    c. If the patient is breathing
    d. If the patient has a pulse
    e. External bleeding
    f. Patient skin color, temperature, condition, and capillary refill (infants and children only)
28. Demonstrate questioning a patient to obtain SAMPLE history.
29. Demonstrate the skills involved in performing the physical exam.
30. Demonstrate the on-going assessment.
31. Demonstrate the proper technique of chest compression on
    a. Adult
    b. Child
    c. Infant
32. Demonstrate the steps of CPR
    a. One rescuer adult CPR
    b. Two rescuer adult CPR
    c. Child CPR
    d. Infant CPR
~~33. Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort.~~

~~34. Demonstrate the application and operation of the automated external defibrillator.~~
~~35. Demonstrate the maintenance of an automated external defibrillator.~~
~~36. Demonstrate the assessment and documentation of patient response to the automated external defibrillator.~~
~~37. Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist.~~
~~38. Demonstrate proper documentation of a pre-hospital care report for patients with cardiac emergencies.~~
39. Demonstrate the steps in providing emergency medical care to patient with
    a. A general medical complaint
    b. Altered mental status
    c. Seizures
    d. Exposure to cold
    e. Exposure to heat
    f. A behavioral change
    g. A psychological crisis
40. Demonstrate the following methods of emergency medical care for external bleeding.
    a. Direct pressure
    b. Diffuse pressure
    c. Pressure points
41. Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding.
42. Demonstrate the steps in the emergency medical care of
    a. Open soft tissue injuries
    b. A patient with an open chest wound
    c. A patient with open abdominal wounds
    d. A patient with an impaled object
    e. A patient with an amputation
    f. An amputated part
43. Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity.
44. Demonstrate opening the airway in a patient with suspected spinal cord injury.
45. Demonstrate evaluating a responsive patient with a suspected spinal cord injury.
46. Demonstrate stabilizing of the cervical spine.
47. Demonstrate the steps to assist in the normal cephalic delivery.
48. Demonstrate necessary care procedures of the fetus as the head appears.
49. Attend to the steps in the delivery of the placenta.
50. Demonstrate the post-delivery care of the mother.
51. Demonstrate the care of the newborn.
52. Demonstrate assessment of the infant and child.
53. Perform triage of a mass casualty incident.

54. Other knowledge and competencies may be added as revisions occur within the National Standard EMT Basic Curriculum.

Note: Skills ~~and medications~~ not listed in these regulations may not be performed by a Mississippi Medical First Responder ~~until each skill and/or medication has been individually and specifically approved by BEMS in writing~~

5.17 Area and Scope of Practice of the Medical First Responder

The Mississippi Medical First Responder represents the first component of the emergency medical care system. Through proper training, the Medical First Responder will be able to provide basic life support to victims during emergencies, minimize discomfort and possible further injuries. The Medical First Responder may provide non-invasive emergency procedures and services to the level described in the First Responder National Standard Training Curriculum. Those procedures include recognition, assessment, management, transportation, and liaison.

A Mississippi Medical First Responder is a person who has successfully completed an approved training program and is certified. The Medical First Responder training program must equal or exceed the educational goals and objectives of the National Standard Training curriculum for the First Responder ~~along with applicable modules for automatic external defibrillation and oxygen therapy from the National Standard Training curriculum for EMT-Basic.~~

Description of Tasks

The Mississippi Medical First Responder answers verbally to telephone or radio emergency calls from dispatcher to provide efficient and immediate care to critically ill and injured persons using a limited amount of equipment. Responds safely to the address or location as directed by radio dispatcher. Visually inspects and assesses or “sizes up” the scene upon arrival to determine if scene is safe, to determine the mechanism of illness or injury, and the total number of patients involved. Directly reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries, the number of patients, and the condition of each patient, and identifies assessment findings which may require communication with medical direction for advice.

Assesses patient constantly while awaiting additional EMS resources, administers care as indicated. Requests additional help if necessary. Creates a safe traffic environment in the absence of law enforcement. Renders emergency care to adults, children, and infants based on assessment findings, using a limited amount of equipment. Opens and maintains patient airway, ventilates patient~~, provides oxygen therapy~~, performs CPR, utilizes automated and semi-automated external defibrillators. Provides pre-hospital emergency care of simple and multiple system trauma such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen, and deformed extremities.

Provides emergency medical care to include assisting in childbirth, management of respiratory problems, altered mental status, and environmental emergencies.

Searches for medical identification as clues in providing emergency care. Reassures patients and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patients from entrapment, assesses extent of injury, assists other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

Assists other EMS providers in lifting patient onto stretcher, placing patient in ambulance, and insuring that patient and stretcher are secured. Radios dispatcher for additional help or special rescue and/or utility services. Reports verbally all observations and medical care of the patient to the transporting EMS unit, provides assistance to transporting staff. Performs basic triage where multiple patient needs exist. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Attends continuing education and refresher courses as required.

Section 6 – EMS Driver

•The Law §41-59-5.

§41-59-5. Establishment and administration of program.

(1) The state board of health shall establish and maintain a program for the improvement and regulation of emergency medical services (hereinafter EMS) in the State of Mississippi. The responsibility for implementation and conduct of this program shall be vested in the State Health Officer of the State Board of Health along with such other officers and boards as may be specified by law or regulation.

(2) The board shall provide for the regulation and licensing of public and private ambulance service, inspection, and issuance of permits for ambulance vehicles, training and certification of EMS personnel, including drivers and attendants, the development and maintenance of a statewide EMS records program, development and adoption of EMS regulations, the coordination of an EMS communications system, and other related EMS activities.

(3) The board is authorized to promulgate and enforce such rules, regulations and minimum standards as needed to carry out the provisions of this chapter.

(4) The board is authorized to receive any funds appropriated to the board from the Emergency Medical Services Operating Fund created in Section 41-59-61 and is further authorized, with the Emergency Medical Services Advisory Council acting in an advisory capacity, to administer the disbursement of such funds to the counties, municipalities and organized emergency medical service districts and the utilization of such funds by the same, as provided in Section 41-59-61.

(5) The department acting as the lead agency, in consultation with and having solicited advice from the EMS advisory Council, shall develop a uniform nonfragmented inclusive statewide trauma care system that provides excellent patient care. It is the intent of the Legislature that the purpose of this system is to reduce death and disability resulting from traumatic injury, and in order to accomplish this goal it is necessary to assign additional responsibility to the department. The department is assigned the responsibility for creating implementing, and managing the statewide trauma care system. The department shall be designated as the lead agency for trauma care systems development. The department shall develop and administer trauma regulations that include, but are not limited to, The Mississippi Trauma Care System Plan, trauma system standards, trauma center designations, field triage, interfacility trauma transfer, EMS aero medical transportation, trauma data collection, trauma care system evaluation and management of state trauma systems funding. The department shall take the necessary steps to develop, adopt and implement the Mississippi Trauma Care System Plan and all associated trauma care systems regulations necessary to implement the Mississippi trauma care system. The department shall cause the implementation of both professional and lay trauma educational programs. These trauma educational programs shall include both clinical trauma education and injury prevention. As it is recognized that rehabilitation services are essential for traumatized individuals to be returned to active, productive lives,

the department shall coordinate the development of the inclusive trauma system with the Mississippi Department of Rehabilitation Services and all other appropriate rehabilitation services.

(6) The State Board of Health is authorized to receive any funds appropriate to the board from the Mississippi Trauma Care System Fund created in Section 41-59-75. It is further authorized, with the Emergency Medical Services advisory Council and the Mississippi Trauma Advisory Committee acting in advisory capacities, to administer the disbursements of such funds according to adopted trauma care system regulations.

SOURCES: Laws, 1974, ch. 507, § 3; 1982, ch. 344, § 2; 1989, ch. 545, § 1; 1991, ch. 597, § 1; 1992, ch. 491, § 27, Laws, 1998, ch. 429, § 2, eff from and after July 1, 1998.

Cross references -

General powers and duties of state board of health, see § 41-3-15.

Powers and duties of the state board of health and the EMS director to administer disbursements from the emergency medical services operating fund, see § 41-59-61.

6.1 Training Authority EMS-Driver

These guidelines and minimum standards are set forth in order to establish a minimum level of training for the EMS Driver in the state of Mississippi. These guidelines and minimum standards shall be met by all EMS Driver courses in the state. Additionally, organized EMS districts as recognized by the BEMS, are authorized to provide this training. The BEMS may approve EMS Driver programs if it is determined after review by the BEMS staff***, State EMS Medical Director,*** and the Medical Direction, Training and Quality Assurance Committee that the objectives of the training program equal or exceed those of the state of Mississippi. All EMS Driver training programs must have the BEMS approval prior to the start of class.

6.2 EMS Driver Curriculum

EMS Driver Curriculum must conform, at minimum, to the National Standard Emergency Vehicle Operator Curriculum developed by the United States Department of Transportation and all current revisions as approved for use by the BEMS. Minimum hours required for EMS Driver are: 4 didactic, and lab instruction sufficient to ensure operator competency, minimum 4 hours***. BEMS and the State EMS Medical Director must approve all training curriculums.*** Written permission from the BEMS must be obtained prior to the start of an EMS Driver course.

6.3 Request for Approval of EMS Driver training programs

Note: A list of BEMS approved EMS Driver training programs will be available at the BEMS office and BEMS web site. (www.msems.org)

6.3.1. Request for approval of EMS Driver training programs not contained on the approved list shall be sent to BEMS with evidence and verification that:
a.) the EMS Driver training program meets, at minimum, the requirements of the EMS Driver curriculum as given in this section.
b.) there are EMS Driver Instructor certification and re-certification requirements, including an evaluation of instructor terminal competencies, provided in the requested training program.

Note: Credentialed EMS Instructors of BEMS as trained through the MS EMS Instructor Training Program, and in good standing, are considered as meeting the above requirement.

6.3.2. Approval of any EMS Driver training program curriculum must be given by the Medical Direction, Training and Quality Assurance Committee (MDTQA***), State EMS Medical Director,*** and the BEMS ***staff***, prior to the start of any classes.

6.5 EMS Driver classes, class approved

6.5.1. The BEMS may approve EMS Driver training classes if it is determined, after review of EMS Driver class request forms, that the objectives of the class equal or exceed those of the State of Mississippi.

Note: EMS Driver class approval forms can be requested from the BEMS or be completed on the BEMS website. (www.msems.org)

6.5.2. Credentialed EMS Driver instructors must complete the class approval form and submit to the BEMS, at minimum, fourteen ***(14), preferably thirty (30)*** calendar days prior to the first day of class. The BEMS will assign a class number to all approved requests and return to the credentialed EMS Driver instructor. Incomplete paperwork will be returned without action.

6.14. EMS Driver, Grounds for Suspension or Revocation.

6.14.1. Fraud or any mis-statement of fact in the procurement of any certification or in any other statement of representation to the BEMS or its representatives.
6.14.2. Gross negligence.
6.14.3. Repeated negligent acts.
6.14.4. Incompetence.
6.14.5. Disregarding the speed regulations prescribed by law while on duty.
6.14.6. Revocation or any other loss of Mississippi driver's license.
6.14.7. Failure to carry the BEMS issued certification card while on duty or failure to wear appropriate identification as approved by BEMS.
6.14.8. Failure to maintain all current EMS Driver training standards as required by the BEMS.

6.14.9. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.

6.14.10. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel, or the conviction of any felony. The record of conviction or a certified copy thereof will be conclusive evidence of such conviction.

6.14.11. Violating or attempting to violate directly or indirectly or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.

6.14.12. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.

6.14.13. Addiction to, excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.

6.14.14. Failure to comply with the requirements of a Mississippi EMS Scholarship program.

6.14.15 Failure to comply with an employer's request for drug and alcohol testing.

Section 7 – EMT-Basic Life Support

7.2 EMT Basic Curriculum

EMT Basic Curriculum must conform, at minimum, to the National Standard EMT Basic: National Standard Curriculum developed by the United States Department of Transportation and current revisions as approved for use by the BEMS. Minimum hours required for EMT Basic are: 110 didactic, 12 hours of hospital emergency clinical lab and 5 documented emergency runs aboard an ambulance. ***BEMS and the State EMS Medical Director must approve all training curriculums.*** Written permission from the BEMS must be obtained prior to the start of an EMT Basic Training course.

7.5 EMT Basic classes, class approved

EMT Basic class approval forms can be requested from the BEMS or be completed on the BEMS website. (www.msems.org) Credentialed EMT Basic instructors should complete the class approval form and submit to the BEMS, at minimum, ~~fourteen~~ ***thirty (30)*** calendar days prior to the first day of class. The BEMS will assign a class number to all approved requests and return to the credentialed EMT Basic instructor. Incomplete paperwork will be returned without action.

7.9 EMT Basic Refresher Training

EMT Basic refresher training shall consist of: the current National Standard Basic EMT Refresher Curriculum (24 hour minimum), and shall include successful completion of a local written and practical examination. ***Written permission from BEMS must be obtained prior to the start of an EMT Basic refresher course. Instructors should complete the class approval form and submit to BEMS, at minimum, thirty (30) calendar days prior to the first day of class.*** EMT Basic refresher training must be accomplished by all certified EMT Basics during their National Registry certification period.

7.14. EMT Basic, Grounds for Suspension or Revocation.

7.14.1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
7.14.2. Gross negligence.
7.14.3. Repeated negligent acts.
7.14.4. Incompetence.
7.14.5. Disturbing the peace while on duty
7.14.6. Disregarding the speed regulations prescribed by law while on duty.
7.14.7. Failure to carry the Mississippi State Department of Health issued certification card while on duty or failure to wear appropriate identification as approved by the BEMS.

7.14.8. Failure to maintain current registration by the National Registry of EMTs.
7.14.9. Failure to maintain all current EMT-Basic training standards as required by the BEMS.
7.14.10. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
7.14.11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
7.14.12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
7.14.13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
7.14.14. Addiction to, excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
7.14.15. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by certification and license issued to the BLS provider.
7.14.16. Permitting, aiding, or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
7.14.17. Suspension or revocation of any BEMS issued certification may effect other BEMS issued certifications at all levels.
7.14.18. Failure to comply with the requirements of a Mississippi EMS Scholarship program.
7.14.19. Failure to comply with an employer's request for drug and alcohol testing.

Section 8 – EMT-Advanced Life Support

8.2 EMT Advanced Life Support Curriculum

EMT-Paramedic curriculum must conform, at minimum, to the National Standard Training Curriculum developed by the United States Department of Transportation and all current revisions as approved for use by the BEMS. Minimum hours required for EMT-Paramedic are: 800 didactic/lab, 200 clinical, 200 field. EMT-Intermediate curriculum shall consist of modules numbers I, II, and III as developed for the United States Department of Transportation under Contract No. DOT-HS-900-089, as well as, the BEMS, EMT-Intermediate defibrillation curriculum. ***BEMS, the State EMS Medical Director, and the Medical Direction, Training, and Quality Assurance Committee must approve all training curriculums.*** Minimum hours required for EMT-Intermediate are: 150 didactic, 40 clinical, 40 field. Written permission from the Director of the BEMS must be obtained prior to the start of an EMT-Intermediate course.

8.5 EMT Advanced Level classes, class approved

EMT Advanced Level class approval forms can be requested from the BEMS or be completed on the BEMS website. (www.msems.org) Credentialed EMT Advanced Level instructors should complete the class approval form and submit to the BEMS, at minimum, ~~fourteen~~ ***thirty (30)*** calendar days prior to the first day of class. The BEMS will assign a class number to all approved requests and return to the credentialed EMT Advanced Level instructor. Incomplete paperwork will be returned without action.

8.9 EMT Advanced Level Refresher Training

8.9.1. EMT Intermediate Refresher training shall consist of: Successful competition of the EMT-Basic refresher course as outlined previously and successful competition of a formal 14 hour DOT EMT Intermediate refresher training program (must include 2 hours of defibrillation refresher training). Successful competition of Division 1 and 2 of the EMT Paramedic Curriculum will satisfy this requirement.

8.9.2. EMT Paramedic Refresher Block training shall consist of: Successful competition of a formal MSDH, BEMS DOT EMT Paramedic Refresher Training Program. An ACLS course is applicable toward this section within the appropriate blocks and competition of the appropriate terminal competencies.

8.9.3 Written permission from BEMS must be obtained prior to the start of a EMT Advanced refresher course. Instructors should complete the class approval form and submit to BEMS, at minimum, thirty (30) calendar days prior to the first day of class.

8.9.4 EMT Advanced refresher training must be accomplished by all certified EMT Advanced during their National Registry certification period.

Note: All EMT-Paramedics trained under the EMT-Paramedic curriculum prior to 1999 must complete a MSDH, BEMS approved 72 hour transitional course.

8.14. EMT Advanced Level, Grounds for Suspension or Revocation.
The BEMS may suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications.

8.14.1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
8.14.2. Gross negligence.
8.14.3. Repeated negligent acts.
8.14.4. Incompetence.
8.14.5. Disturbing the peace while on duty
8.14.6. Disregarding the speed regulations prescribed by law while on duty.
8.14.7. Failure to carry the BEMS issued certification card while on duty or failure to wear appropriate identification as approved by the BEMS.
8.14.8. Failure to maintain current registration by the National Registry of EMTs.
8.14.9. Failure to maintain all current EMT-Advanced training standards as required by the BEMS.
8.14.10. The commission of any fraudulent dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
8.14.11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
8.14.12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
8.14.13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
8.14.14. Addiction to, excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
8.14.15. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by certification and license issued to the ALS provider.
8.14.16. Permitting, aiding or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
8.14.17. Suspension or revocation of any BEMS issued certification may effect other BEMS issued certifications at all levels.

8.14.18. Failure to comply with the requirements of a Mississippi EMS scholarship program.

8.14.19. Failure to comply with an employer's request for drug and alcohol testing.

8.16. Performance Standards for Emergency Medical Technician-Advanced Levels.

The EMT-Intermediate and EMT-Paramedic who functions within the State of Mississippi, must be able to demonstrate the following skills to the satisfaction of the EMS medical director and the BEMS, State Department of Health, to meet criterion established for advanced life support personnel.

The skills listed herein are in addition to those performed by the EMT-Basic. Some of the skills are restricted to performance by EMT-Paramedics. Others may be performed by EMT-Intermediates as well.

Skills preceded by an asterisk (*) indicate those restricted to EMT-P's. No markings indicate that the skill may be performed by both levels of ALS personnel.

It should be noted that utilization of some of the more specialized advanced skills require special approval by the medical director each time they are attempted.

A. Perform an appropriate patient assessment, including: history taking a chief complaint, pertinent history of the present illness and past medical history). Physical examination, including: assessment of vital signs, including pulse, blood pressure, and respirations. Trauma-oriented and medically oriented head-to-toe surveys, including, but not limited to:
   1. inspection and palpation of the head and neck;
   2. inspection of the chest and auscultation of heart and lung sounds
   3. inspection of the abdomen and auscultation of abdominal sounds;
   4. inspection and palpation of extremities;
   5. evaluation of neurological status and neuromuscular function.

B. Demonstrate aseptic technique of extremity peripheral venipuncture and drawing blood samples for hospital use only and Blood Glucose Determination by capillary sample (Limited to Unconscious Patients only for EMT-Intermediate).

*C. Demonstrates aseptic technique of external jugular intravenous insertion in life threatening situations when alternate sites are impractical. Demonstrate techniques of maintenance of central intravenous therapy (internal jugular, subclavian, femoral) EMT-P's are limited to only monitoring central line IV's; they shall not initiate central lines. The central line IV's may be used for approved fluid and drug administration only. Hemodynamic monitoring shall not be performed by EMT-P's.

NOTE: EMT-Intermediates and EMT-Paramedics are permitted to monitor and administer only those IV fluids and/or medications which are approved by the BEMS ***and the Committee on Medical Direction, Training, and Quality Assurance (MDTQA). A current "Required and Approved EMS Fluids and Drugs List"is available from the BEMS office and on the BEMS website (www.msems.org).*** ~~and listed in these performance standards.~~ ***Requests for additions or deletions from the list should be made in writing by the System Medical Director to the BEMS. Requests should detail the rational for the additions, modifications, or deletions.***

D. Demonstrates the techniques for aseptic assembly of intravenous equipment and for calculation of flow rates.

E. Demonstrate the techniques of establishing an IV infusion using a catheter-over-the-needle device.

F. Recall and demonstrate use of the type of IV fluid appropriate in:
   1. a "keep open" lifeline in cardiac patients
   2. hypovolemic shock
   3. specific medical emergencies

(EMT-Intermediates do not routinely start IV's on patients in categories 1 and 3. Their training concentrates on trauma and hypovolemic patients. They may, however, be requested to establish IV's in other situations such as when they are awaiting the arrival of higher qualified ALS personnel).

G. ~~The following IV fluids are approved by the BEMS for Advanced Life Support Levels.~~

~~EMT-Intermediate~~
~~Normal Saline, Lactated Ringers and Dextrose 5% fluids may be initiated or transported in accordance with a BEMS approved medical control plan.~~

~~EMT-Paramedic~~
~~Isotonic, hypotonic and hypertonic solutions may be initiated on a patient and transported, in accordance with a BEMS approved medical control plan.~~

The BEMS and the Committee on Medical Direction, Training, and Quality Assurance (MDTQA) will compile a list of intravenous fluids and medications that may be initiated and transported by EMS providers in the State. The current list of fluids and medications approved for initiation and transport by Mississippi EMS providers is available from the BEMS office or the BEMS website (www.msems.org).

Requests for additions or deletions from the list should be made in writing by the System Medical Director to the BEMS. Requests should detail the rationale for the additions, modifications, or deletions.

H. Demonstrate the application, inflation, and correct sequence of deflation of the pneumatic anti-shock garment (PASG).

*I. Demonstrate the technique for calculating dosage and drawing up a designated volume of medication in a syringe from an ampule or vial.

*J. Demonstrate the technique for administering drugs using a prepackaged disposable syringe.

*K. Demonstrate technique of subcutaneous, intradermal, intramuscular, intravenous, and intra tracheal administration of drugs.

*L. ~~List of indications, contraindications, actions, dosage, and route of administration of each of the following drugs:~~

~~(1) Activated Charcoal~~
~~(2) Adenosine~~
~~(3) Antiemetics~~
~~(4) Aspirin~~
~~(5) Atropine~~
~~(6) Bretylium~~
~~(7) Bronchodialators~~
~~(8) Calcium Chloride~~
~~(9) Cetacaine~~
~~(10) Demerol~~
~~(11) Dexamethasone~~
~~(12) Dextrose 50%~~
~~(13) Diastat~~
~~(14) Diazepam~~
~~(15) Diphenhydramine~~
~~(16) Dobutamine~~
~~(17) Epinephrine~~
~~(18) Flumazenil~~
~~(19) Furosemide~~
~~(20) Glucagon~~
~~(21) Glyco-Protein Inhibitors*~~
~~(22) Haldol~~
~~(23) Heparin*~~
~~(24) Isoproterenol~~
~~(25) Lidocaine~~
~~(26) Lorazepam~~
~~(27) Magnesium Sulfate~~
~~(28) Mannitol~~
~~(29) Morphine~~
~~(30) Naloxone~~
~~(31) Nitroglycerine (spray or tablets)~~
~~(32) Nitroglycerine Infusion*~~
~~(33) Nitrous Oxide~~
~~(34) Oxytocin~~

~~(35) Pralidoxime (2-PAM)~~
~~(36) Potassium chloride*~~
~~(37) Procainamide~~
~~(38) Sodium Bicarbonate~~
~~(39) Syrup of Ipecac~~
~~(40) Thiamine~~
~~(41) Thrombolytic Infusion*~~
~~(42) Vassopressin~~
~~(43) Vasopressors (Levophed or Dopamine)~~
~~(44) Verapamil~~
~~(45) Vitamins*~~

~~**NOTE:** EMT-Paramedics may manage and monitor drugs listed here as 21, 23, 32, 36, 41, 45 as part of pre-existing IV therapy only. EMT-P's may not initiate these IV meds.~~

EMT-Paramedics should be familiar with all of the 41 classifications of medications as defined by the 1998 EMT-Paramedic National Standard Curriculum. Paramedics must be able to list indications, contraindications, actions, dosage, and route of administration of each of the fluids and medications on the "Approved and Required EMS Fluids and Drugs List" as compiled by the BEMS and the Committee on Medical Direction, Training, and Quality Assurance (MDTQA).

*M. Demonstrate the technique of aseptic and atraumatic endotracheal and tracheotomy suctioning.

N. Recall the indications for and demonstrate the insertion of an esophageal obturator and esophageal gastric tube airway.

*O. Demonstrate the technique for direct laryngoscopy and insertion of an endotracheal tube and end-tidal CO2 detection in an adult and infant.

*P. Demonstrate the technique for insertion of a nasotracheal tube using the blind technique and by direct laryngoscopy with use of Magill forceps.

Q. Demonstrate the application of electrodes and monitoring of a patient's electrocardiographic activity.

R. Identify on Lead II or modified chest lead - 1 (MCLI) and provide appropriate therapy (according to American Heart Association) for the following cardiac rhythms:

1. normal sinus rhythm
*2. sinus arrhythmia
*3. sinus arrest
*4. sinus bradycardia
*5. premature atrial contractions
*6. premature junctional contractions
*7. supraventricular tachycardia
*8. atrial fibrillation
*9. atrial flutter
*10. first degree heart block

*11. second degree heart block
*12. third degree heart block
*13. premature ventricular contractions
14. ventricular tachycardia
15. ventricular fibrillation
16. electromechanical dissociation
17. asystole
*18. pacemaker rhythms
19. PVC recognition
20. artifact

S. Demonstrate the proper use of the defibrillator paddle electrodes to obtain a sample Lead II rhythm strip
T. Demonstrate how to properly assess the cause of poor ECG tracing.
U. Demonstrate correct operation of a monitor-defibrillator to perform defibrillation on an adult and infant.
*V. Demonstrate correct operation and indications for an external non-invasive pacemaker (optional).
*W. Apply rotating tourniquets in cases of acute heart failure.
X. Demonstrate proficiency in:
1. biomedical communications, VHF and UHF (RTSS)
2. ECG telemetry
3. medicolegal responsibilities
4. record keeping
5. emergency and defensive driving
6. principles and techniques of light extrication
7. management of mass casualties and triage
Y. In addition to the above skills, the EMT-Paramedic and the EMT-Intermediate should be well versed in pertinent anatomy, pathophysiology, history taking, physical examination, assessment and emergency treatment relating to:
1. the cardiovascular system including recognition of selected dysrhythmias associated with potential acute cardiac compromises;
2. the respiratory system, including pneumothorax, chronic obstructive pulmonary disease, acute asthma, trauma to the chest and airways, respiratory distress syndrome, and acute airway obstruction;
3. chest and abdominal trauma;
4. soft tissue injuries including: burns, avulsions, impaled objects, eviscerations, amputations, and bleeding control;
5. the central nervous system (medical) in regard to cerebrovascular accidents, seizures, drug overdose, drug incompatibilities, and alterations in levels of consciousness;
6. musculoskeletal trauma including management of fractures, strains, sprains and dislocations;
7. medical emergencies, including: endocrine disorders, anaphylactic reactions, environmental emergencies, poisonings, overdose and acute abdomen;

8. obstetrical and gynecological emergencies including: breech birth, premature birth, abortion, multiple-infant birth, arm or leg presentation, prolonged delivery, prolapsed umbilical cord, pre- and postpartum hemorrhage, ruptured uterus, birth of an apenic infant, preeclampsia or eclampsia, rape, and supine hypotensive syndrome;
9. pediatric emergencies, including: asthma, bronchiolitis, croup, epiglottis, sudden infant death syndrome, seizures, child abuse;
10. behavioral emergencies, including: negotiations, recognition and intervention techniques with suicidal assaultive, destructive, resistant, anxious, bizarre, confused, alcoholic, drug-addicted, toxic, amnesic, paranoid, drugged, raped and assaulted patients.

*Z. Optional skills

Performance of these skills are optional however, they must be taught in all training programs.

1. Administration of transfusions of blood and its components.
2. Automatic Transport Ventilators (as specified in JAMA, Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care).
3. C-Pap and Bi-Pap Management
4. Chest decompression
5. External cardiac pacing
6. INT Placement
7. Intraosseous infusions
8. MSDH approved Nitroglycerin and Thrombolytic Transport Course
9. Nasogastric Tube Insertion
10. Orogastric Tube Insertion
11. Percutaneous transtracheal catheter ventilation
12. Twelve Lead Electrocardiography
13. Umbilical Vein Cannulation
14. Vascular Access Devices

AA. Optional skills for EMT-Intermediates

1. These optional skills and optional medications must be included in the BEMS approved medical control plan of each ALS provider utilizing them.
   a.) Currently there are no optional skills or optional medications approved by the BEMS.

8.16.1. Other skills and medications not listed in these regulations may not be performed by any ALS provider through ALS trained employees until each skill and/or medication has been approved by BEMS in writing.

8.16.2 EMTs of all levels (Basic, Intermediate, Paramedic), may attend and transport by ambulance, patients who have pre-existing procedures or devices that are beyond the EMT's scope of practice if:

1. there is no need, or reasonably perceived need, for the device or procedure during transport; or
2. an individual (including the patient himself) that has received training and management of the procedure or device accompanies the patient to the destination.

Note: Should doubt exist in regards to the transport of any device or procedure, medical control should be contacted for medical direction.

The EMT-Advanced who functions within the State of Mississippi must be able to demonstrate the following skills and understand the elements of total emergency care to the satisfaction of the local training coordinator and the BEMS. Training programs must be approved by the BEMS and the Department of Education. The skills listed herein will enable the EMT-Advanced to carry out all EMT-Advanced level patient assessment and emergency care procedures.

8.16.3. The EMT's -Advanced's primary responsibility is to the patient and should include both an oral exam and an appropriate physical exam. Scene size-up including: scene safety, mechanism of injury, number of patients, additional help and consideration of cervical stabilization.

Section 10 – Appendices

Appendix 1 – Medical Direction

A1.2 Medical Direction (Off-Line A.K.A. System Medical Director)

A. Medical Director, Off-Line (A.K.A. System Medical Director).

Each EMS agency providing pre-hospital care shall be licensed by the Mississippi State Department of Health, BEMS, and shall have an identifiable Medical Director who after consultation with others involved and interested in the agency is responsible for the development, implementation and evaluation of standards for provision for medical care within the agency.

All pre-hospital providers (including EMT-Bs) shall be medically accountable for their actions and are responsible to the Medical Director of the licensed EMS agency that approves their continued participation. All pre-hospital providers, with levels of certification EMT-B or above, shall be responsible to an identifiable physician who directs their medical care activity. The Medical Director shall be appointed by, and accountable to, the appropriate licensed EMS agency.

1. Requirements of a Medical Director

   The medical aspects of an emergency medical service system shall be managed by physicians who meet the following requirements:

   a. Mississippi licensed physician, M.D. or D.O.
   b. Experience in, and current knowledge of, emergency care of patients who are acutely ill or traumatized.
   c. Knowledge of, and access to, local mass casualty plans.
   d. Familiarity with base station operations where applicable, including communication with, and direction of, pre-hospital emergency units.
   e. Active involvement in the training of pre-hospital personnel.
   f. Active involvement in the medical audit, review and critique of medical care provided by pre-hospital personnel.
   g. Knowledgeable of the administrative and legislative process affecting the local, regional and/or state pre-hospital EMS system.
   h. Knowledgeable of laws and regulations affecting local, regional and state EMS.
   i. Approved by the State EMS Medical Director

2. Authority of a Medical Director includes, but is not limited to:

   a. Establishing system-wide medical protocols in consultation with appropriate specialists.
   b. Establishment of system-wide trauma protocols as delineated by the State Trauma Care Plan.
   c. Recommending certification or decertification of non-physician pre-hospital personnel to the appropriate certifying

agencies. Every licensed agency shall have an appropriate review and appeals mechanism, when decertification is recommended, to assure due process in accordance with law and established local policies. The Director shall promptly refer the case to the appeals mechanism for review, if requested.

d. Requiring education to the level of approved proficiency for personnel within the EMS system. This includes all pre-hospital personnel, EMTs at all levels, pre-hospital emergency care nurses, dispatchers, educational coordinators, and physician providers of on-line direction.
e. Suspending a provider from medical care duties for due cause pending review and evaluation. Because the pre-hospital provider operates under the license (delegated practice) or direction of the Medical Director, the Director shall have ultimate authority to allow the pre-hospital provider to provide medical care within the pre-hospital phase of the EMS system.
f. Establishing medical standards for dispatch procedures to assure that the appropriate EMS response unit(s) are dispatched to the medical emergency scene when requested, and the duty to evaluate the patient is fulfilled.
g. Establishing under which circumstances a patient may be transported against his will; in accordance with, state law including, procedures, appropriate forms and review process.
h. Establishing criteria for level of care and type of transportation to be used in pre-hospital emergency care (i.e., advanced life support vs. basic life support, ground air, or specialty unit transportation).
i. Establishing criteria for selection of patient destination.
j. Establishing educational and performance standards for communication resource personnel.
k. Establishing operational standards for communication resource.
l. Conducting effective system audit and quality assurance. The Medical Director shall have access to all relevant EMS records needed to accomplish this task. These documents shall be considered quality assurance documents and shall be privileged and confidential information.
m. Insuring the availability of educational programs within the system and that they are consistent with accepted local medical practice.
n. May delegate portions of his/her duties to other qualified individuals.

Section 11 - Definitions

"State EMS Medical Director" – A Mississippi licensed physician, employed by the Mississippi Department of Health, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of emergency medical services and EMS medical direction in the state. This physician must have experience in EMS medical direction and be board certified in emergency medicine. This physician must be experienced with EMS systems, EMS medical direction, evaluation processes, teaching, and curriculum development. It is the goal of the State EMS Medical Director to ensure the care delivered by EMS systems in the state is consistent with recognized standards and that quality is maintained in a manner that assures professional and public accountability. The State EMS Medical Director must serve as an advocate for efficient and effective emergency medical services throughout the state.

The Responsibilities of the State EMS Medical Director include but are not limited to:

- ***Oversight of all aspects of EMS Medical direction in the state***
- ***Oversight of the of standards and minimum qualifications for EMS Medical Directors***
- ***Approval of System Medical Directors for ambulance services***
- ***Approval of protocols for ambulance services***
- ***Approve training programs, training standards, and curricula for EMS providers and medical directors.***
- ***Oversight of all aspects of EMS quality assurance and performance improvement in the state***
- ***Approval of the Quality Assurance and Performance Improvement plans for ambulance services***
- ***Serve as Chairman of the Committee on Medical Direction, Training, and Quality Assurance***
- ***Serve as Chairman of the EMS Performance Improvement Committee***
- ***Serve as Chairman of the EMS Protocol Committee***
- ***Act as a liaison with public safety and disaster planning agencies***
- ***Act as a liaison with national EMS agencies***
- ***Oversight of issues related to complaints, investigations, disciplinary procedures involving patient care, performance standards, and medical direction***